NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

December 16, 2020

DAL DHCBS 20-09
DAL NH 20-14
Subject: Annual TB Testing

Dear Administrator:

The New York State Department of Health is updating the requirements for baseline and annual tuberculosis (TB) assessments of healthcare personnel in certain regulated facilities (NYCRR Title 10, Sections 404.12, 405.3, 415.26, 751.6, 763.13, 766.11, 794.3, and 1001.11). These changes are in accord with recent national guidelines on employee screening (https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w). They also represent updated diagnostic testing guidelines for tuberculosis (https://www.thoracic.org/statements/resources/tb-opi/diagnosis-of-tuberculosis-in-adults-and-children.PDF).

Requirements for annual TB testing of healthcare workers in a variety of healthcare settings were established in the 1990s at the time of large outbreaks and sustained transmission of tuberculosis in New York State. Over the past two decades, with improvements in infection control, diagnostic testing and treatment of persons with TB disease, and follow-up of exposed contacts, disease incidence has decreased dramatically, and TB transmission in healthcare settings is rare. These updated State requirements continue annual TB assessment and education. However, an individual risk assessment is the primary screening tool, with repeat testing (by tuberculin skin test (TST) or interferon-gamma release assay (IGRA) blood test) only when indicated. Any diagnosis of TB should be followed up with appropriate clinical referral and documentation of treatment, including completion of treatment for latent TB infection.

Baseline (Preplacement) Assessment and Testing

TB testing comprises one part of a clinical evaluation required for all personnel and should be done within three months prior to the individual's first day of work in the clinical setting. A TB history (TB exposure, infection or disease and any prior diagnostic testing or treatment) along with a review of symptoms suggestive of active disease, should be documented.

A simplified, general risk checklist assessment for TB includes:

1) history of temporary or permanent residence (for ≥1 month) in a country with a high TB rate (i.e. any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe);
2) Current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15mg/day for ≥1 month) or other immunosuppressive medication;
3) close contact with someone who has had TB disease

Even if there is no increased risk for TB, baseline testing with IGRA blood test or TST is

indicated unless there is documentation of prior latent TB or TB disease.

IGRA tests are often preferable to tuberculin skin tests. These blood tests are more specific in persons with prior BCG vaccination. The actual test report should be used for documentation, not only the summary interpretation.

If the TST is used, two-step testing should be done for newly hired employees whose initial TST result is negative. The second test can be administered 1-3 weeks after the initial test. A second TST is not needed if an employee has had a documented, negative TST during the previous 12 months. All TSTs must be done by trained staff, with documentation of the manufacturer, lot number, date placed, date read and names of persons placing, reading, and interpreting the test. Employees should not read or interpret their own TST results.

Positive TST or IGRA tests must be followed up with chest radiographs and other clinical follow-up as indicated to rule out active disease.

Treatment of latent TB infection (LTBI)

Recommendations for treatment of LTBI, treatment acceptance or refusal, and completion of TB treatment should be part of the occupational health record. LTBI treatment is not required, but is strongly recommended unless there is a specific contraindication. Shorter rifamycin-containing regimens are often preferable to the six to nine-month isoniazid treatment, as detailed in national guidance (https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6901a1-H.pdf). These can be offered directly by occupational health, by referral to an associated clinic, or by an employee's primary care provider.

Post-exposure assessments

After known exposure to a person with potentially infectious TB disease without use of adequate personal protection, health care personnel should have symptom evaluation and additional testing, if indicated. Those without documented LTBI or TB disease should have an IGRA or TST performed. Those with an initial negative test should have a second test 8-10 weeks after the same exposure to complete the evaluation. Persons with prior infection or disease do not need testing after exposure but can be further evaluated if a concern for TB disease exists.

Serial screening and testing for health care personnel without LTBI

Most health care personnel in New York State do not need routine annual testing for TB. Rather, they should have an annual risk assessment, and be tested only if there are any symptoms suggestive of TB disease, or new risk for infection. Individual facilities, in coordination with the local or State health department, may designate certain settings or types of work as settings where annual testing is indicated. These local policies should be developed with input of infection control and occupational health staff. Annual TB education can be incorporated into the risk assessment process, and TB updates, reminders, or resources can also be provided as part of other infection control training.

Recommendations from the American College of Occupational and Environmental Medicine provide additional implementation guidance (https://journals.lww.com/joem/Fulltext/2020/07000/Tuberculosis_Screening,_Testing,_and_Treatment_of.22.aspx).

Questions about TB testing can be directed to the NYS DOH Bureau of Tuberculosis Control at

tbcontrol@health.ny.gov. Questions about employee or client screening regulations can also be directed to the OPCHSM unit which oversees the particular health setting.

Sincerely,

Debra Blog, M.D., M.P.H.
Director, Division of Epidemiology